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PTO/SB/21 (08-00)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/896,439
Filing Date	June 29, 2001
First Named Inventor	Kenneth P. Wilson
Group Art Unit	1733
Examiner Name	B. Musser
Attorney Docket Number	2507-5761.1US (21795-US-01)

ENCLOSURES (check all that apply)

- ☒ Postcard receipt acknowledgment (attached to the front of this transmittal)
- ☒ Duplicate copy of this transmittal sheet in the event that additional filing fees are required under 37 C.F.R. § 1.16
- ☐ Preliminary Amendment
- ☐ Response to Restriction Requirement/Election of Species Requirement dated
- ☒ Amendment in response to office action dated December 3, 2003
- ☐ Amendment under 37 C.F.R. § 1.116 in response to final office action dated
- ☐ Additional claims fee - Check No. in the amount of \$
- ☐ Letter to Chief Draftsman and copy of FIGS. with changes made in red
- ☐ Transmittal of Formal Drawings
- ☐ Formal Drawings (sheets)

- ☐ Information Disclosure Statement, PTO/SB/08A (08-00); ☐ copy of cited references
- ☒ Supplemental Information Disclosure Statement; PTO/SB/08A (08-00); copy of cited references and Check No. 5749 in the amount of \$180.00
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- ☐ Fee Transmittal Form
- ☐ Certified Copy of Priority Document(s)
- ☐ Assignment Papers (for an Application)

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Remarks

The Commissioner is authorized to charge any additional fees required but not submitted with any document or request requiring fee payment under 37 C.F.R. §§ 1.16 and 1.17 to Deposit Account 20-1469 during pendency of this application.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Katherine A. Hamer	Registration No. 47,628
Signature	<i>Katherine A. Hamer</i>	
Date	February 26, 2004	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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